

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 6440  
1664

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>				c. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOMER G. PHILLIPS HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>2800a Papin</b>			
3. NAME OF DECEASED (Type or Print) <b>Will</b>		a. (First)		b. (Middle)		c. (Last) <b>McNeally</b>	
4. DATE OF DEATH <b>Feb 20 1949</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	
8. DATE OF BIRTH <b>abt 70</b>		9. AGE (In years last birthday) <b>70</b>		10. MONTHS _____		11. DAYS _____	
12. HOURS _____		13. MIN. _____		14. BIRTHPLACE (State or foreign country) <b>Greensburg N.C</b>		15. CITIZEN OF WHAT COUNTRY? _____	
16a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		16b. KIND OF BUSINESS OR INDUSTRY _____		17. FATHER'S NAME <b>Will Goldsmith</b>		18. MOTHER'S MAIDEN NAME <b>Sallie Mc Neally</b>	
19. NAME OF HUSBAND OR WIFE _____		20. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) _____		21. SOCIAL SECURITY NO. <b>489-18-9663</b>		22. INFORMANT'S SIGNATURE OR NAME <b>Same Dale 2800 Papin</b>	
23. ADDRESS _____		24. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		25. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho-Pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Uremia</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		26. INTERVAL BETWEEN ONSET AND DEATH <b>Undet</b>  <b>Undet</b>	
27. DATE OF OPERATION _____		28. MAJOR FINDINGS OF OPERATION _____		29. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		30. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
31. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		32. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		33. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Minute) _____		34. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
35. HOW DID INJURY OCCUR? _____		36. I hereby certify that I attended the deceased from <b>January 19 1949</b> , to <b>February 20 1949</b> , that I last saw the deceased alive on <b>Feb 20, 1949</b> , and that death occurred at <b>8:40 Am.</b> , from the causes and on the date stated above.		37. SIGNATURE <b>J. C. Binns</b> (Degree or title) <b>M.D.</b>		38. ADDRESS <b>2601 No Whittier</b>	
39. DATE SIGNED <b>2-21-49</b>		40. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried Feb. 22</b>		41. DATE _____		42. NAME OF CEMETERY OR CREMATORY <b>Oakdale</b>	
43. LOCATION (City, town, or county) <b>Lema MO</b>		44. (State) _____		45. DATE REC'D BY LOCAL _____		46. REGISTRAR'S SIGNATURE <b>J. B. Keady</b>	
47. FUNERAL DIRECTOR'S SIGNATURE <b>J. B. Keady</b>		48. ADDRESS <b>2769 Chouteau</b>		49. (Licensed Embalmer's Statement of Reverse Side)			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

*H. Watson*

Licensed Embalmer No.

2698

P. O. Address

2769 Chouteau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.